

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/501,116
	Filing Date	07-12-2004
	First Named Inventor	Andrzej SZAJDECKI
	Art Unit	2186
	Examiner Name	Alsip, Michael
	Attorney Docket Number	LHUD-03401-UUS

I hereby revoke all previous powers of attorney given in the above-identified application.			
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 33794			
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I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	Janusz SZAJNA		
Date	11/07/2007	Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/> *Total of <u>4</u> forms are submitted.			

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